

PATENT

Attorney Docket No.: FLEXFT.146CP2

Date: May 15, 2003

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## REQUEST FOR CONTINUED EXAMINATION (RCE)

UNDER 37 C.F.R. § 1.114

Applicant: Van L. Phillips  
Application Number: 09/698,489  
Filing Date: October 26, 2000  
Title: FOOT PROSTHESIS HAVING  
CUSHIONED ANKLE  
Examiner Name: Suzette Jamie Jackson  
Group Art Unit: 3738

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Mail Stop RCE, Alexandria, VA 22313-1450, on

May 15, 2003

(Date)

Scott Loras Murray, Reg. No. 53,360

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MAY 22 2003

TECHNOLOGY CENTER R3700

Commissioner for Patents  
P.O. Box 1450  
Mail Stop RCE  
Alexandria, VA 22313-1450

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

1. Submission Required under 37 C.F.R. § 1.114:

- ( ) Previously submitted:
- ( ) Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on .
  - ( ) Consider the arguments in the Appeal Brief or Reply Brief previously filed on .
- (X) Enclosed:
- (X) Amendment/Reply
  - ( ) Affidavit(s)/Declaration(s)
  - ( ) Information Disclosure Statement (IDS)
  - (X) Return Postcard

2. Miscellaneous:

- ( ) Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of months. (Period of suspension shall not exceed three months).

## 3. Fees:

(X) RCE fee (\$375 small entity/\$750 large entity)

() Fee for suspension (\$130)

(X) Extension of Time fee:

(X) One Month (\$55/\$110)

() Two Month (\$205/\$410)

() Three Month (\$465/\$930)

(X) Additional Claims fees:

(X) 7 additional dependent claims (\$9/claim = \$63 additional fees)

## -4. Payment:

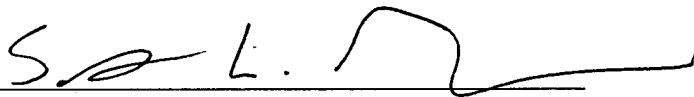
(X) Check in the amount of \$493 to cover the above fees.

(X) The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. § 1.16 and § 1.17 which may be required, now or in the future, or credit any overpayment to Deposit Account No. 11-1410.

**Address all future communications to Customer No. 20,995.**

Dated: \_\_\_\_\_

5-15-03

  
\_\_\_\_\_  
Scott Loras Murray  
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Attorney of Record  
Customer No. 20,995  
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